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|  |   | τ ,  | S Patent and                  | PTO/SB/21 (09-04)<br>Approved for use through 07/31/2006. OMB 0651-0031<br>Trademark Office; U.S. DEPARTMENT OF COMMERCE |  |  |  |  |  |  |
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| TDANG  |   |  | 10/6                          | 50,231   |  |  |  |  |  |  |
| TRANSMITTAL  |   | Filing Date First Named Inventor                         | Aug                           | ust 28, 2003   |  |  |  |  |  |  |
| FORM   |   | Art Unit   |                               | stre, Willard  |  |  |  |  |  |  |
|  |   |  | 177                           |  |  |  |  |  |  |  |
| (to be used for all correspondence after initial filing)                                 |   | Examiner Name  | i                             | mas, Alexander S.  |  |  |  |  |  |  |
| Total Number of Pages i  | n This Submission   | Attorney Docket Numbe                                    | BIN                           | G-1-1030   |  |  |  |  |  |  |
| ENCLOSURES (Check all that apply)  |   |  |                               |  |  |  |  |  |  |  |
| X Fee Transmittal F  | Form  | Drawing(s)   |                               | After Allowance Communication to TC  |  |  |  |  |  |  |
|  | Fee Attached L  |  |                               | Appeal Communication to Board of Appeals and Interferences   |  |  |  |  |  |  |
| X Amendment/Repl   | X Amendment/Reply P   |  |                               | Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)   |  |  |  |  |  |  |
| After Fina   |   | Petition to Convert to a<br>Provisional Application      |                               | Proprietary Information  |  |  |  |  |  |  |
|  |   | Power of Attorney, Revoca                                | tion                          |  |  |  |  |  |  |  |
|  |   | Change of Correspondence                                 | Address                       | Status Letter  Other Enclosure(s) (please Identify below):   |  |  |  |  |  |  |
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| Information Disclosure Statement C   |   | CD, Number of CD(s)                                      | ······                        | Check No. 17575 101 \$120  |  |  |  |  |  |  |
| ·  |   | Landscape Table on (                                     |                               |  |  |  |  |  |  |  |
| Certified Copy of Document(s)  | Priority Rema   | rks  |                               |  |  |  |  |  |  |  |
| Reply to Missing   | Parts/  |  |                               |  |  |  |  |  |  |  |
| Incomplete Application   |   |  |                               | ·  |  |  |  |  |  |  |
| Reply to Missing Parts under 37 CFR 1.52 or 1.53   |   |  |                               |  |  |  |  |  |  |  |
|  | ·   |  |                               |  |  |  |  |  |  |  |
|  | SIGNATURE C   | OF APPLICANT, ATTO                                       | ORNEY, C                      | DR AGENT   |  |  |  |  |  |  |
| Firm Name  | · · · · · · · · · · · · · · · · · · ·                         |  |                               |  |  |  |  |  |  |  |
|  | ck Lowe & Graham, Pl  | LLC  |                               |  |  |  |  |  |  |  |
| Stan Chlabury  |   |  |                               |  |  |  |  |  |  |  |
| Steven H. Arterberry   |   |  |                               |  |  |  |  |  |  |  |
| June June  | e 28, 2005  |  | Reg. No.                      | 46,314   |  |  |  |  |  |  |
|  | CERTIFIC  | CATE OF TRANSMISS  | SION/MAII                     | LING   |  |  |  |  |  |  |
| I hereby certify that this co<br>sufficient postage as first of<br>the date shown below: | prespondence is being facsir<br>class mail in an envelope add | mile transmitted to the USP dressed to: Commissioner for | TO or deposi<br>or Patents, P | ited with the United States Postal Service with<br>O. Box 1450, Alexandria, VA 22313-1450 on                             |  |  |  |  |  |  |
| Signature  | Whele   | Sam.   |                               |  |  |  |  |  |  |  |
| Typed or printed name Wendy Saxby  |   | 7/   |                               | Date June 28, 2005   |  |  |  |  |  |  |

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PTO/SB/17 (12-04)

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|   | ctive on 12/08/20                     | 004.<br>tions Act, 2005 (H.R. 481 | ,,, L         |  |             | Complet            | e if Known                    |                   |
|   |                                       |                                   |               | Application Num                          | nber        | 10/650             | ,231                          |                   |
|   |                                       | MITTAL                            | <b>-</b> L    | Filing Date                              | <del></del> | Augus              | t 28, 2003                    |                   |
| Fo  | or FY 20                              | 005                               |               | First Named Inv                          | entor       | Westre             | e, Willard                    |                   |
| Applicant claims sma  | all ontity status                     | San 37 CED 1 27                   | <u>ا</u> ل    | Examiner Name                            | •           | Thoma              | as, Alexan                    | ider S.           |
| Applicant claims sind                                       | · · · · · · · · · · · · · · · · · · · |                                   | $-$ [ $\cdot$ | Art Unit                                 |             | 1772               |                               |                   |
| TOTAL AMOUNT OF PA  | YMENT (\$)                            | 120.00                            | <u> </u>      | Attorney Docke                           | t No.       | BING-              | 1-1030                        |                   |
| METHOD OF PAYME   | NT (check all                         | that apply)                       |               |  |             |                    |                               |                   |
| X Check Credit  | t Card \N                             | Money Order                       | None          | Other (                                  | olease id   | entify):           |                               |                   |
| X Deposit Account   |                                       | Number: 501050                    |               | Deposit A                                | ccount N    | ame: Bla           | ack Lowe &                    | & Graham,         |
|   |                                       | account, the Director i           |               |  |             |                    |                               |                   |
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|   | · •                                   | (s) or underpayments              | of fee(       | . —                                      |             |                    |                               | beior me maig     |
| under 37 CI   | FR 1.16 and 1.                        | 17                                |               | <u> </u>                                 | •           | erpaymen           |                               |                   |
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| FEE CALCULATION   |                                       |                                   |               |  |             |                    |                               |                   |
| 1. BASIC FILING, SEA  | ARCH, AND I                           | EXAMINATION FE                    | ES            |  |             |                    |                               |                   |
|   | FILING F                              | FEES S<br>mall Entity             |               | H FEES                                   | EXA         |                    | N FEES                        |                   |
| <b>Application Type</b>                                     | Fee (\$)                              |                                   | ee (\$)       | Small Entity<br>Fee (\$)                 | Fee         |                    | II Entity<br>ee (\$)          | Fees Paid         |
| Utility   | 300                                   | 150 5                             | 00            | 250                                      | 20          | 0 <sub>.</sub> 1   | 00                            |                   |
| Design  | 200                                   | 100 . 1                           | 00            | 50                                       | 13          | 0                  | 65                            |                   |
| Plant   | 200                                   | 100 3                             | 300           | 150                                      | - 16        | 0                  | 80                            |                   |
| Reissue   | 300                                   | 150 5                             | 500           | 250                                      | 60          | 0 3                | 00                            |                   |
| Provisional   | 200                                   | 100                               | 0             | 0  |             | 0                  | 0                             |                   |
| 2. EXCESS CLAIM FE  | EES                                   |                                   |               |  |             |                    |                               | Sma<br>Fee (\$)   |
| Fee Description Each claim over 20 or,                      | for Reissues.                         | each claim over 20                | 0 and         | more than in t                           | the orig    | inal pate          | nt                            | Fee (\$) F        |
| Each independent clain                                      |                                       |                                   |               |  |             |                    |                               | ent 200           |
| Multiple dependent cla                                      |                                       |                                   |               |  |             |                    |                               | 360               |
| Total Claims - 20 or HP =                                   | Extra Claim                           | <u>s Fee (\$)</u><br>x =          | Fee P         | aid (\$)                                 |             | ple Depe<br>e (\$) | <u>ndent Claim</u><br>Fee Pai | _                 |
| HP = highest number of total                                | •                                     | , if greater than 20              |               |  |             | <u>:€ 141</u>      | 10014                         | 10 101            |
| Indep. Claims - 3 or HP =                                   | Extra Claim                           |                                   | Fee Pa        | aid (\$)                                 |             |                    | -                             |                   |
| HP = highest number of ind                                  | ependent claims                       | paid for, if greater than 3       | 3             | <del></del>                              |             |                    |                               |                   |
| 3. APPLICATION SIZE   |                                       |                                   |               |  |             |                    |                               |                   |
| If the specification ar                                     |                                       |                                   |               |  |             |                    |                               |                   |
| for each additiona  Total Sheets                            | al 50 sheets o<br>Extra Shee          | r fraction thereof.               |               | 5 U.S.C. 41(a <sub>.</sub> additional 50 |             |                    |                               |                   |
| 100 :   |                                       | / 50 =                            |               | (round up to a                           |             |                    |                               | =                 |
| 4. OTHER FEE(S)   |                                       |                                   |               | •  |             | •                  |                               | Fees F            |
| Non-English Speci   |                                       | 30 fee (no small ei               | ntity d       | liscount).                               |             |                    |                               |                   |
| Other: 1 Month  | Extension                             | of Time                           |               |  |             |                    |                               | 120.0             |
| SUBMITTED BY  |                                       |                                   |               |  |             |                    |                               |                   |
| Signature St.   | malit                                 | Lour                              |               | Registration No.                         | 46,31       | 4                  | Telephone                     | 206.381.33        |
| lame (Print/Type) Steve                                     |                                       |                                   |               | Attorney/Agent)                          | +5,51       | •                  |                               | ne 28, 2005       |

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Name (Print/Type) Steven H. Arterberry